

PTO/SB/21 (09-04)

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2644A
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TRANSMITTAL FORM		Application Number	10/622,499
		Filing Date	July 18, 2003
		First Named Inventor	Philip Houghton
		Art Unit	2644
		Examiner Name	Not yet assigned
Total Number of Pages in This Submission	23	Attorney Docket Number	14934US01

ENCLOSURES (check all that apply)

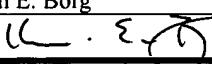
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Return-Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	Copy Of Petition For Extension Of Time

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

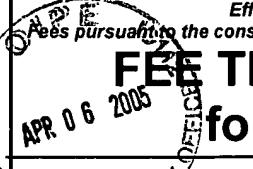
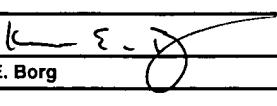
Firm	McAndrews Held & Malloy, Ltd.		
Signature			
Printed Name	Kevin E. Borg		
Date	April 4, 2005		

CERTIFICATE OF MAILING

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Name (Print/type)	Kevin E. Borg	Registration No. (Attorney/Agent)	51,486
Signature		Date	April 4, 2005

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 FEE TRANSMITTAL for FY 2005		Complete If Known					
		Application Number	10/622,499				
		Filing Date	July 18, 2003				
		First Named Inventor	Philip Houghton				
		Examiner Name	Walter F. Briney, III				
		Art Unit	2644				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	14934US01				
METHOD OF PAYMENT (check all that apply)							
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy							
For the above-identified deposit account, the Director is hereby authorized to (check all that apply)							
<input type="checkbox"/> Charge Fee(s) indicated below			<input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee				
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s)			<input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
		FILING FEES		SEARCH FEES		EXAMINATION FEES	
Application Type	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fees Paid(\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES						Small Entity	
						Fee(\$)	Fee(\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent						50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent						200	100
Multiple dependent claims						360	180
<u>Total Claims</u>		<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>		
<u>-20 or HP</u>		<u>x</u>	<u>=</u>	<u>Fee</u>	<u>Fee Paid (\$)</u>		
HP = highest number of total claims paid for, if greater than 20						_____	_____
<u>Indep. Claims</u>		<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee</u>		
<u>-3 or HP</u>		<u>x</u>	<u>=</u>	<u>Fee Paid (\$)</u>	<u>Fee</u>		
HP = highest number of independent claims paid for, if greater than 3						_____	_____
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>		<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee(\$)</u>	<u>Fee Paid(\$)</u>		
<u>-100</u>		<u>/50</u>	<u>(round up to a whole number)</u>	<u>x</u>	<u>=</u>		
4. OTHER FEE(S)						<u>Fee Paid(\$)</u>	
Non-English Specification, \$130 fee (no small entity discount)						<u>_____</u>	
Other: Petition For Extension Of Time Fee (2-mos)						<u>450</u>	
SUBMITTED BY							
Signature				Registration No. (Attorney/Agent)	51,486	Telephone	(312)775-8000
Name (print/type)	Kevin E. Borg			Date	April 4, 2005		